



Clinician's Progress Notes

Client Name: Mervin Nelson
 Birth Date: _____ Admit Date: _____
 Chart No: _____ Reporting Unit: _____
 PSP Client ID No: 201 28642

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Please sign each narrative with signature and title. Each progress note must include the following headings:

Date of Service: 4/16/06 Face-to-Face Time: 2:20 Location: 1 Service Type: 281 Problem(s) #(s): _____
 Total Amount of Time: 3:30

Presenting Problem(s), including the reason for the visit:

Client returned to clinic for F/U MD appt, but was 1 hr late. Client being treated in clinic for depression, Rx of Wellbutrin 120mg - client stated sleeping long.

Evaluation, including mental status examination: Client appeared self-depressed, tearful during session. Client states problems with wife, wife left the home a few weeks ago. SS, & HR. Client (S)

Current ICD-9 Diagnosis (to fifth digit), Licensed Staff Only: 311

Intervention: Client was scheduled to see MD 2/21/06. Client also was given list of sliding scale counseling in the community to seek out UT counseling for self and possibly marriage counseling.

Response: Client stated sleeping a lot since wife left, no longer attending daily classes and client fearful/sad about life situation.

Plan: Client will return to see MD next week, as well as attempt to connect with sliding scale counseling in the community to address individual stressors as well as marital problems. Client will call this number should client feel the need to talk prior to MD appt - (MD thanking Rx but on his course with client and client may need to be referred onto more appropriate level of care soon.)

Signature with Title

[Signature]

Amt. of Time: In hours and minutes / Face-to-Face / Staff Time:

Location: Office = 1, Field = 2, Telephone = 3, Home = 4, School Satellite = 5, Satellite = 6 Service Type:

300	No Show	331	Assessment	361	Medication Support	391	Group Rehabilitation
311	Collateral	341	Individual Therapy	371	Crisis Intervention	571	Brokerage Services
321	Evaluation	351	Group Therapy	381	Individual Rehabilitation	581	Plan Development

For AB3632 services the ending digit for each code is a (2) except for No Show



Clinician's Progress Notes

Client Name:

Birth Date:

Admit Date:

Chart No:

Reporting Unit:

PSP Client ID No:

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Please sign each narrative with signature and title. Each progress note must include the following headings:

Date of Service:

Face-to-Face Time:

Location:

Service Type:

Problem(s) #(s):

Total Amount of Time:

Presenting Problem(s), including the reason for the visit:

Evaluation, including mental status examination:

Current ICD-9 Diagnosis (to fifth digit), Licensed Staff only:

Intervention:

Response:

Plan:

Signature with Title

Amt. of Time: In hours and minutes / Face-to-Face / Staff Time:

Location: Office = 1, Field = 2, Telephone = 3, Home = 4, School Satellite = 5, Satellite = 6 Service Type:

300	No Show	331	Assessment	361	Medication Support	391	Group Rehabilitation
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For AB3632 services the ending digit for each code is a (2) except for No Show

**Department of Behavioral Health Care Services
-Mental Health Division**

Client Name: Martin Nelson
 Birthdate: _____ Admit Date: _____
 Chart No.: _____ Reporting Unit: _____
 PSP Client ID No.: _____

Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include the following headings:

Date	Amnt. of Time	Loc.	Svc. Type	Prob. No.	
3/14/01	15	3	581		<p>Call to Ct to check in. Ct states feeling about the same, "hopelessness takes over, gave up fairly, hope worthless." Ct denies any SE. Ct states wife still gone from household, 1 yr anniversary of losing job coming up. Ct states begging for 2/3 days, but trying to get back into school. Ct started new doc's depressive at last md appt - Ct's FLU appt rescheduled for earlier time at 3/23/01 in NW for this visit to the w/c. - known JG, msw Referral for JMA filed out for Ct. - Failed to JMA today. known JG, msw</p>

Date: Stability Rating []

Amt. of Time: In hours and minutes Location: Office = 1, Field = 2, Telephone = 3, Home = 4, School Satellite = 5, Satellite = 6:
Service Type:

300	No Show	331	Assessment	361	Medication Support	391	Group Rehabilitation
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For AB3632 services the ending digit for each code is a (2) except for No Show

[illegible]

Stability Rating []

~~SECRET~~



Clinician's Progress Notes

Client Name: M. W. Nelson
 Birth Date: _____ Admit Date: _____
 Chart No: _____ Reporting Unit: _____
 PSP Client ID No: 25128642

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Please sign each narrative with signature and title. Each progress note must include the following headings:

Date of Service: <u>3/23/06</u>	Face-to-Face Time: <u>1:15</u> Total Amount of Time: <u>20</u>	Location: <u>1</u>	Service Type: <u>381</u>	Problem(s) #(s):
Presenting Problem(s), including the reason for the visit: <u>pt returned to visit to see MD. pt being TX for depression in Clinic. MD states pt is ready to be referred to more appropriate level of care.</u>				
Evaluation, including mental status examination: <u>pt casually dressed, sad facial expression, speech low, head hung down - pt "sobbed" and positive tox screen.</u>				
Current ICD-9 Diagnosis (to fifth digit), Licensed Staff Only: <u>311</u>				
Intervention: <u>pt saw MD and refilled Rx of wellbutrin and Depakote. pt was given a Tox Screen after telling MD he had used TXR. Tox came back positive for TXR and METH.</u>				
Response: <u>pt stated not a METH user, but "friends" may have "skipped" pt some over the weekend. pt did admit to TXR use. pt stated he hadn't used TXR for 4 days.</u>				
Plan: <u>pt was advised to discontinue AOD use, attend AOD meetings. MD stated that pt was ready to move on to JMA for F/U. pt was given contact information for JMA and advised to call Monday (JMA) to set up F/U appt.</u>				
Signature with Title <u>[Signature] M.D.</u>				

Amt. of Time: In hours and minutes / Face-to-Face / Staff Time:

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Clinician's Progress Notes

Client Name:

Birth Date:

Admit Date:

Chart No:

Reporting Unit:

PSP Client ID No:

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Please sign each narrative with signature and title. Each progress note must include the following headings:

Date of Service:

Face-to-Face Time:

Location:

Service Type:

Problem(s) #(s):

4/22/06

Total Amount of Time:

Presenting Problem(s), including the reason for the visit:

Evaluation, including mental status examination:

Current ICD-9 Diagnosis (to fifth digit), Licensed Staff only:

Intervention:

Response:

Plan:

left message for ct regarding EMTA appt. ct asked to call back to verify appt. - gone

4/24/06 - ct left message for this office that EMTA appt secured for 4/24/06 at 10 am. from [signature]

Signature with Title

Amt. of Time:

In hours and minutes / Face-to-Face / Staff Time:

Location:

Office = 1, Field = 2, Telephone = 3, Home = 4, School Satellite = 5, Satellite = 6 Service Type:

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Alameda County
Department of Behavioral Health Care Services
-Mental Health Division

Client Name: MARSHY NELSON
 Birthdate: _____ Admit Date: _____
 Chart No.: _____ Reporting Unit: _____
 PSP Client ID No.: _____

Progress Notes

Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis; Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include the following headings:

Date	Amt. of Time	Loc.	Srv. Type	Prob. No.
4/24/06	:30	1	581	
<p>pt's chart closed. pt returned to EMTA and secured PIC appt 4/12/06. <u>gunning J, m/w</u></p>				

Date: Stability Rating [

Amt. of Time: In hours and minutes Location: Office = 1, Field = 2, Telephone = 3, Home = 4, School Satellite = 5, Satellite = 6.
Service Type:

300	No Show	331	Assessment	361	Medication Support	391	Group Rehabilitation
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[illegible]

Alameda County
Department of Behavioral Health Care Services
-Mental Health Division

Client Name: Martin Melton
 Birthdate: _____ Admit Date: _____
 Chart No.: _____ Reporting Unit: _____
 PSP Client ID No.: 75125642

Discharge Summary with
Multiaxial Diagnosis

Progress and Status Summary: (Please include discharge medications, financial status and living situation).

44 y/o white male came to clinic after an episode at Sausal Creek 11/4/05 w/ depression. It was then sent to Villa Short stay where he left 11/13/05 after an "assault" by other of feeling "threatened" by night staff. RX was given Wellbutrin, Trizadone, Ambien for 1st week while in Villa. At only D/C with 3 days at Wellbutrin. It was found from job 3/05 after 9 yrs as Tech Training manager. At intake of denied it, but stated experiencing many dreams about it, but would not act on it. w/ "severe depression" for past 3 yrs. It had been using Ttk daily since 6/05 "felt medicating." It stated no Ttk since 11/4/05. Sausal Creek records stated it @ positive for MARI and it believed that someone put it in his coffee at a party. It saw Dr. Hagen and started on Wellbutrin and Zyprexa. At D/C it was stable on Wellbutrin and Depakote. It also tested @ positive for Ttk and MARI on 3/23/06. It again stated that someone put it in his coffee at a friend's. Rationale for Discharge: ~~Other~~ 21 Goals Reached.

Recommendations/Plans for Future Care: (please include referrals to other services with telephone numbers).

It referred to JMA to continue RX.
 It also referred to JOB TX.

Legal Status: VR

Multiaxial Diagnosis at DischargeCheck if no change from admitting diagnosis on Axes I through IV ☐**Axis I: Clinical Disorders and Other Conditions** (If none, write "none")Principal
(Check one)

Diagnostic Code

DSM IV Name

321

Depression NOS

P/O substance abuse/use

☐
☐
☐
☐**Axis II: Personality Disorders** (If none, write "none")**Mental Retardation**

Diagnostic Code

DSM IV Name

799.9

Defenses

Some personality d/o traits

☐
☐
☐**Axis III: General Medical Conditions****Axis IV: Psychological and Environmental Problems** (circle all letters that apply)Principal
(Check one)

- A. Problems with primary support group Specify: _____
- B. Problems related to the social environment Specify: _____
- C. Educational problems Specify: _____
- D. Occupational problems Specify: 4 was still unemployed.
- E. Housing problems Specify: _____
- F. Economic problems Specify: _____
- G. Problems with access to health care services Specify: _____
- H. Problems related to interaction with legal system/crime Specify: _____
- I. Other psychological and environmental problems Specify: _____
- J. Unknown/Unavailable

☐
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☐**AXIS V: Global Assessment of Functioning Scale(GAF)** Current Score: 65Diagnosis established by: Yvonne Lee, MSW ☐ N/A Date: 4/26/06
Name/Title/AgencyClinician Signature: [Signature] Date: 4/26/06Physician Signature: [Signature] Date: 5/23/06☐ N/ASupervisor Signature: [Signature] Date: 4/27/06

SC000027

Closed
4/27/06
for

**Alameda County Behavioral
Health Care Services
Mental Health Services**

**PHYSICIAN'S INITIAL
EVALUATION AND PLAN**

Client Name: Nelson, MARTIN
PSP Client No.: 75128692
Date of Birth: 1/4/59

SERVICE DATE: 11/17/05 FACE-TO-FACE TIME: 1:10 TOTAL TIME: 1:30 LOCATION: So Co

REFERRED BY: Villa Court Stay INFORMATION SOURCE(S): pt, records PRESENT AT INTERVIEW: pt

IDENTIFYING DATA:

44yo married male of currently lives in wife

LIVING SITUATION: ☒ Own house ☐ Rent house/apt ☐ With Family ☐ B&C ☐ Homeless ☐ Other:

INCOME: Working: ☐ Full time ☐ Part time ☐ SSI/SSD ☐ Other disability ☐ GA ☐ AFDC ☐ Other unemployed

CHIEF COMPLAINT:

Depression => Anxiety => Villa Court Stay.
Difficulty in and thru pt => etc.

HISTORY OF PRESENT ILLNESS:

Lost job - conflict at work in Gough employees.
A in depression. Some S.I.

Some paranoia

At Villa Court Stay

Unsubstantiated, phobia at work
Another pt was going through in therapy -
conflict resolved - pt not troubled by
staff, opted to leave, now requests leaving

CURRENT PSYCHOTROPIC MEDICATIONS: (include medication compliance, side effects):

Wellbutrin 150 mg PO b

PAST PSYCHOTROPIC MEDICATIONS (include dates, results):

Prozac

ADDITIONAL PAST HISTORY:

0

PSYCHIATRIC HOSPITALIZATIONS (with dates):

0

FAMILY/SOCIAL/LEGAL HISTORY:

Large mortgage - running out of funds
Conflict in wife

PHYSICIAN'S INITIAL EVALUATION	PAGE 2	NAME:	DOB:	PSP:
SUBSTANCE USE/ABUSE: Tox Screen: <u>Y/N</u> Results: <u>⊖</u>				
<input type="checkbox"/> Tobacco <input type="checkbox"/> Caffeine <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> PCP <input type="checkbox"/> Cocaine <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Ecstasy/Club Drugs <input type="checkbox"/> Other:				
MEDICAL HISTORY: Physician(s)/clinic: _____ Phone #: _____				
Weight: _____ Height: _____ MEDICATION ALLERGY: <u>NKA</u>				
ADVERSE DRUG REACTION:				
MEDICAL HOSPITALIZATIONS/SURGERIES:				
REVIEW OF SYSTEMS (describe yes responses below):				
Cardiovascular: Y/N Renal: Y/N GI: Y/N Hepatic: Y/N CNS: Y/N GU: Y/N Metabolic: Y/N				
GYN: Y/N Pregnant: Y/N Breast-Feeding: Y/N LMP: _____ Pregnancy test: Y/N Result: _____				
<u>Headaches</u>				
MEDICATIONS FOR MEDICAL CONDITIONS:				
<u>None OTZ</u>				
MENTAL STATUS (use space provided to describe findings):				
APPEARANCE: <u>White ♂ Casual dress</u>				
<u>Clear speech</u>				
BEHAVIOR/ATTITUDE: <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Friendly <input type="checkbox"/> Pleasant <input checked="" type="checkbox"/> Irritable <input type="checkbox"/> Defensive <input type="checkbox"/> Hostile <input type="checkbox"/> Threatening <input type="checkbox"/> Apathetic <input type="checkbox"/> Guarded <input type="checkbox"/> Evasive <input type="checkbox"/> Ingratating <input type="checkbox"/> Hypervigilant <input type="checkbox"/> Impulse control problem <input type="checkbox"/> Other				
PSYCHOMOTOR ACTIVITY: <input type="checkbox"/> WNL <input checked="" type="checkbox"/> Restless <input type="checkbox"/> Pacing <input type="checkbox"/> Hyperactive <input type="checkbox"/> Agitated <input type="checkbox"/> Abnormal Gait <input type="checkbox"/> Posturing <input type="checkbox"/> Psychomotor retardation <input type="checkbox"/> Tremor <input type="checkbox"/> Other				
MOVEMENT DISORDER: <u>Y/N</u> (describe: AIMS as indicated):				
SPEECH: <input type="checkbox"/> WNL <input checked="" type="checkbox"/> Talkative <input type="checkbox"/> Pressured <input type="checkbox"/> Slowed <input type="checkbox"/> Hesitant <input type="checkbox"/> Other				
MOOD: <input type="checkbox"/> Euthymic <input checked="" type="checkbox"/> Dysphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Labile <input type="checkbox"/> Expansive <input type="checkbox"/> Euphoric <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Agitated <input type="checkbox"/> Fearful <input type="checkbox"/> Depressed <input type="checkbox"/> Apathetic <input type="checkbox"/> Detached <input type="checkbox"/> Other				
AFFECT: <input type="checkbox"/> Normal Range Intensity: <input checked="" type="checkbox"/> Increased <input type="checkbox"/> decreased <input type="checkbox"/> Constricted <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Sad <input checked="" type="checkbox"/> Labile <input type="checkbox"/> Inappropriate <input type="checkbox"/> Other				
<u>Quite tearful at time</u>				
SENSORIUM & COGNITION: Orientation: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Impaired Level of Consciousness: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Other Memory: Recent: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Impaired Remote: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Impaired Concentration: <input type="checkbox"/> WNL <input checked="" type="checkbox"/> Impaired Abstract Thinking: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Concrete <input type="checkbox"/> Other Level of intelligence/knowledge: <u>OK</u>				

PHYSICIAN'S INITIAL EVALUATION	PAGE 3	NAME:	DOB:	PSP:
PERCEPTUAL DISTURBANCES: HALLUCINATIONS <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Other <input type="checkbox"/> Derealization <input type="checkbox"/> Depersonalization <input type="checkbox"/> Illusions <input type="checkbox"/> Other				
None.				
THOUGHT PROCESS: <input type="checkbox"/> Logical <input checked="" type="checkbox"/> Goal Directed <input checked="" type="checkbox"/> Evasive <input type="checkbox"/> Tangential <input type="checkbox"/> Circumstantial <input type="checkbox"/> Racing <input type="checkbox"/> Blocking <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Loose Associations <input type="checkbox"/> Incoherent <input type="checkbox"/> Rambling <input type="checkbox"/> Word Salad <input type="checkbox"/> Other				
THOUGHT CONTENT: <input type="checkbox"/> WNL <input type="checkbox"/> Ruminations <input type="checkbox"/> Obsessions <input type="checkbox"/> Compulsions <input type="checkbox"/> Phobias <input type="checkbox"/> Delusions <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Poverty of Thought <input checked="" type="checkbox"/> SUICIDAL IDEATION <input type="checkbox"/> HOMICIDAL IDEATION Thoughts of suicide - jumping in front of BART train - not backed off from this during intubation				
INSIGHT: <input type="checkbox"/> WNL <input checked="" type="checkbox"/> Accepts problem, wants help <input type="checkbox"/> Impaired: <input type="checkbox"/> Denial of problem <input type="checkbox"/> Awareness of problem but denying need for help				
JUDGMENT: <input type="checkbox"/> WNL <input checked="" type="checkbox"/> Impaired <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Other:				
STRENGTHS: past work hx				
SLEEP: <input type="checkbox"/> WNL <input checked="" type="checkbox"/> Insomnia <input type="checkbox"/> Hypersomnia <input type="checkbox"/> Restless <input type="checkbox"/> Early Morning awakening <input type="checkbox"/> Day/Night Reversal				
APPETITE <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Recent weight gain <input type="checkbox"/> Recent weight loss				
LIBIDO: <input type="checkbox"/> WNL <input type="checkbox"/> Increased <input type="checkbox"/> Decreased but decreased.				
ASSESSMENT AND DIAGNOSTIC CONSIDERATIONS: M-C depression over job loss, economic loss, domestic violence. Some agitation + paranoia.				
DIAGNOSIS (include DSM-IVR codes): AXIS I: Major depression AXIS II: No personality dx AXIS III: See Medical History Above AXIS IV: PROBLEMS: <input checked="" type="checkbox"/> Primary Support Group <input type="checkbox"/> Social Environment <input type="checkbox"/> Educational <input type="checkbox"/> Occupational <input type="checkbox"/> Access to Health Care <input checked="" type="checkbox"/> Economic <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Legal System/Crime <input type="checkbox"/> Other Psychosocial/Environmental <input type="checkbox"/> Unknown (axis IV specifics): AXIS V: Current GAF: 55 Highest GAF Past Year: 70				

PHYSICIAN'S INITIAL EVALUATION	PAGE 4	NAME:	DOB:	PSP:
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TARGET SYMPTOMS (Check all that apply and address below in PLAN):

MOOD DISORDERS:

DEPRESSION: ☐ Depressed Mood ☐ Anhedonia ☐ Insomnia / Hypersomnia ☐ Low libido ☐ Energy loss
☐ Crying spells ☐ Psychomotor retardation ☐ Agitation ☐ Appetite: ☐ increased ☐ decreased
Weight: ☐ Increased ☐ Decreased ☐ Suicidal Ideation ☐ Suicidal plan ☐ Indecision ☐ Concentration decreased
☐ Feelings of worthlessness / guilt ☐ Other:

HYPOMANIA/MANIA: ☐ Elevated mood ☐ Irritable ☐ Grandiose ☐ Risky behavior
☐ Decreased need for sleep ☐ Distractible ☐ Hyperactive ☐ Hypervertal ☐ Racing thoughts
☐ Excessive anger ☐ Hypersexual behavior ☐ Other:

ANXIETY DISORDERS:

☐ Anxiety ☐ Somatic symptoms ☐ Panic attacks ☐ Phobias ☐ Obsessions ☐ Compulsions
☐ Avoidance ☐ Hyperarousal ☐ PTSD flashback ☐ Other:

PSYCHOTIC DISORDERS:

☐ Delusions ☐ Hallucinations ☐ Negative symptoms ☐ Disorganized thinking ☐ Other:

SUBSTANCE ABUSE DISORDERS:

OTHER DISORDERS:

ESTIMATE OF COMPLIANCE:

PLAN (Interventions, including medications and rationales, lab and other diagnostics ordered, referrals):

Initial intervention was to admit to the hospital for safety, but as was to attend to return.
Interventions decreased suicidal ideation
Therapy added to regimen to & medication and calm agitation

MEDICATIONS PRESCRIBED:

Wegovy XR 150 mg BID
Zyprexa 5 mg qd

NEXT APPOINTMENT: *11/29/05*

CPT/INSYST Code: *99211-799*

Informed Consent: Info form(s) given to patient/parent and signed: ☒ Y ☐ N (reason if no)

Med forms given:

An opportunity was given to ask questions; the patient / parent appears to understand the information on the form – Y/N

Ability to manage own medications: *Needs no supervision / requires supervision*

Physician's signature *[Signature]* **Date:** *11/17/05*

Alameda County
Department of Behavioral Health Care Services
-Mental Health Division

Client Name: *Mason, Adam*
 Birthdate: _____ Admit Date: _____
 Chart No.: _____ Reporting Unit: _____
 PSP Client ID No.: _____

Progress Notes

Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include the following headings:

Date	Amt. of Time	Loc.	Svc. Type	Prob. No.	
11/29/05					
					<p>PT returned in somewhat better shape.</p> <p>He denies S.I. at this time, says the medications may be helping.</p> <p>PT stopped Zyprexa after 9-5 days - ineffective for sleep.</p> <p>Some paranoid thoughts - thinks wife wants to hurt him romantically, and then he thinks she may hurt him physically.</p> <p>PT feels more calm about the fact of his job has done to his last extent with confidence.</p> <p>medications 180mg PM</p> <p>PT HS Zyprexa to 10mg 1/4</p> <p>MR 2 hrs</p> <p>Major depression</p> <p>10877463 30 min</p> <p><i>Barry Glick</i></p>

Date: _____ Stability Rating []

Amt. of Time: In hours and minutes Location: Office = 1, Field = 2, Telephone = 3, Home = 4, School Satellite = 5, Satellite = 6:
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For AB3632 services the ending digit for each code is a (2) except for No Show

[illegible]

Stability Rating []

SC000033

Alameda County
Department of Behavioral Health Care Services
-Mental Health Division

Client Name: *Debra, Marion*
 Birthdate:
 Chart No.:
 PSP Client ID No.:

Admit Date:
 Reporting Unit:

Progress Notes

Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include the following headings:

Date	Amt. of Time	Loc.	Svc. Type	Prob. No.	
					12/15/05
					Still struggling w depression. Sargate was really nice to him on birthday, which was helpful. He continues to take Prozac course. Worried about finances.
					No 90 SE's from hospitalization.
					Found 10 mg of Tylenol too much => foggy in AM.
					No apparent paranoia
					Mar: P hospitalization to 200 mg Ben + Tylenol to 7.5 mg q 15
					NR 2 weeks.
					Major depression
					9080 J-963 30'
					<i>Baragwan.</i>

Date: Stability Rating []

Amt. of Time: In hours and minutes Location: Office = 1, Field = 2, Telephone = 3, Home = 4, School Satellite = 5, Satellite = 6:
 Service Type:

300	No Show	331	Assessment	361	Medication Support	391	Group Rehabilitation
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For AB3632 services the ending digit for each code is a (2) except for No Show

Date	Ant. of Time	Loc.	Svc. Type	Prob. No.	
11/20/05					Part
					Exposure 2 in the hallway. Sander, says he got upset but frequently, calm down later.
					Threats exposure only every other day. Reaction to stress SI.
					Threats came until April 1. Good guy.
					Severely.
					Now has been 200 mg Bupropion 1/2 pill at 7.5 mg per 2 hrs
					2005-963 30
					88 mg
11/21/06					No show called after apt to Lehighdale
					88.
11/21/06					No show
					88.

Date:

Stability Rating []

SC000035

Mental Health Services Division

UNIT NO.

3-71 (AM-1)

PATIENT
NAME

Reeson, Marvin

DATE OF BIRTH

PATIENT ADDRESS: _____

SC000036

Alameda County
Department of Behavioral Health Care Services
-Mental Health Division

Client Name: *Nelson, Nelson*
 Birthdate: _____ Admit Date: _____
 Chart No.: _____ Reporting Unit: _____
 PSP Client ID No.: _____

Progress Notes

Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include the following headings:

Date Amt. of Loc. Svc. Prob.
Time Type No.

1/26/06 *Quake*

It explained why he would hurt 2 asp.
 Having trouble to wife. 1 day, however,
 she was more positive toward him, & he is
 doing ok.

No 40 SLE's from med. sleeping on
 down on in school
 no suicide thoughts.

Has not seen need to take typhoid
 Daniel's medical idea.

Some: *graduating*

Man: *what with Nelson*
for 4 weeks

if same then, then → *2-1 MA*

2085-403 30

Stangress

Date: _____ Stability Rating []

Amt. of Time: In hours and minutes Location: Office = 1, Field = 2, Telephone = 3, Home = 4, School Satellite = 5, Satellite = 6:
 Service Type:

300	No Show	331	Assessment	361	Medication Support	391	Group Rehabilitation
311	Collateral	341	Individual Therapy	371	Crisis Intervention	571	Brokerage Services
321	Evaluation	351	Group Therapy	381	Individual Rehabilitation	581	Plan Development

For AB3632 services the ending digit for each code is a (2) except for No Show

Date	Amr. of Time	Loc.	Svc. Type	Prob. No.	
					2/16/06 - 1 hr late - not seen (contacted & then apply) seen by observer
					SSR
					2/21/06 No show
					SSR
					2/23/06 Quick
					Continued depressed, labile - crying a lot, also in concentration, coming together with → she moved out temporarily to stay in bed.
					PT dropped out of school, but may be allowed to finish.
					Wife's & think it is harder.
					very by addition of "Dread"
					250 mg & PM (control obtained)
					500 mg & PM
					to & impulsivity, mood lability -
					Continue evaluation 200 mg PM
					NR 2 areas
					Labo then.
					20805-403, 30'
					Springman
					3/19/06 Quick
					Kevin ⊕ from Depressive - calmer, says he may be concentrating better. No on S.F.T. with SSR
					Staying in bed, but not in as much contact with her. No psychosis, No S.T.
					Lab slip given - have line labo, Depressive
					line - will form a unit.
					will & Depressive to 500 mg PM
					Continue evaluation 200 mg PM
					NR 2 areas
					20805-403 30'
					Springman

Date:

Stability Rating []

SC000039

ALAMEDA COUNTY

**Department of Behavioral Health Care Services
Mental Health Services**

Client Name: Nelson, Marvin

PSP Client ID No: 75128642

Birthdate: 12/13/59

Physician's Progress Notes**Areas to be Addressed Per Each Note:**

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Date of Service, Face-to-Face and Total Time, Location and Procedure Code 2. Medical Necessity Justification (for continuing treatment) 3. Subjective: Client's Chief Complaint that Day (quoted, if possible) 4. Objective: Clinical Description/Evaluation of Signs and Symptoms | <ol style="list-style-type: none"> 5. Assessment: Incl. Medication Review of Efficacy, Compliance, Adverse Effects; Lab results, if any 6. Plan: Interventions, including prescription changes; labs/other diagnostics ordered 7. Changes in any Medical Conditions and/or Medications, Substance abuse (if applicable) 8. Diagnostic Codes (ICD-9 or DSM IV to 5th digit)/Signature/ Degree/ Date |
|--|---|

3/23/06

Pt reports some relief with Depakote, and has no c/o side effects, but continues to feel depressed because of ongoing problems with his wife, and because of the anniversary of losing his job.

Depakote level is 53.0. Abnormal labs are all in the cholesterol/triglycerides panel, where there are significant elevations.

Pt mentioned that he is smoking some mj, and we discussed concerns about pre-employment drug screening, so a urine test was done, which showed positive for not only marijuana but amphetamine and methamphetamine. The pt says he thinks his friend may have "put some in my coffee", but I expressed skepticism about this. If there has been frequent meth use, this could account for pt's lability at times and lack of response to treatment.

At this point, there is nothing further to offer the pt on a crisis level, so he will be referred to IMA for ongoing meds, and he was advised to take an honest look at the role drug abuse may be playing in his depression.

D/C meds: Depakote 500 mg BID, Wellbutrin SR 200 mg BID.

D/C dx: Bipolar II, depressed; polysubstance abuse, intermittent; personality disorder NOS

90805-463, 30 min



S.S. Hague, MD

Diagnosics
San Jose, CA 95133

(800) 288-8008

Sacramento, CA 95834

(800) 952-5691

NAME: NELSON, MARVIN
46,12/13/1959
JOB: M FASTING
PHONE #: 888-9232
CHART #: 75128642

Client: 59244
HAGUE, STEPHEN MD
15750 FOOTHILL BLVD
SAN LEANDRO, CA 94578

HAGUE, STEPHEN MD
510-667-4901

Accession No. K8968497
Collected: 03/21/06 08:15
Received: 03/21/06 17:50
Reported: 03/22/06 09:00
Re-reported: FINAL 1
Report Status: 03/22/06 09:00

Acquisition #: 73674,16,48	In Range	Out of Range	Reference	Units	PS
CBC/PLATELETS					
WHITE CELL COUNT	5.7		3.8-10.8	thous/uL	SJ
RED CELL COUNT	4.49		4.20-5.80	Million/uL	SJ
HEMOGLOBIN	14.8		13.2-17.1	g/dL	SJ
HEMATOCRIT	43.3		38.5-50.0	%	SJ
MCV	97		80.0-100.0	fL	SJ
MCH	33.0		27.0-33.0	pg	SJ
MCHC	34.2		32.0-36.0	g/dL	SJ
RDW	12.9		11.0-15.0	%	SJ
PLATELET COUNT	207		140-400	thous/uL	SJ
MPV	8.4		7.5-11.5	fL	SJ
NEUTROPHILS	56		40-75	%	SJ
LYMPHOCYTES	30		20-45	%	SJ
MONOCYTES	7		0-12	%	SJ
EOSINOPHILS		7	0-6	%	SJ
BASOPHILS	1		0-2	%	SJ
ABSOLUTE NEUTROPHIL	3.20		1.50-7.80	thous/uL	SJ
ABSOLUTE LYMPHOCYTE	1.70		0.85-3.90	thous/uL	SJ
ABSOLUTE MONOCYTES	0.40		0.20-0.95	thous/uL	SJ
ABSOLUTE EOSINOPHIL	0.400		0.015-0.550	thous/uL	SJ
ABSOLUTE BASOPHIL	0.100		0.000-0.200	thous/uL	SJ
HEPATIC FUNCTION					
HEPATIC FUNCTION					
PROTEIN, TOTAL	6.9		6.0-8.3	g/dL	SJ
ALBUMIN	4.8		3.5-4.9	g/dL	SJ
GLOBULIN	2.1		2.0-3.9	g/dL	SJ
A/G RATIO	2.3		1.0-2.5	ratio	SJ
BILIRUBIN, TOTAL	0.4		0.2-1.5	mg/dL	SJ
BILIRUBIN, DIRECT	0.2		0.0-0.3	mg/dL	SJ
BILIRUBIN, INDIRECT	0.2		< 1.1	mg/dL	SJ
ALKALINE PHOSPHATASE	67		20-125	U/L	SJ
AST (SGOT)	14		3-50	U/L	SJ
ALT (SGPT)	16		3-60	U/L	SJ
A handwritten non-specific test order was received. If this is not what you intended to order, please contact your local client service representative immediately so that we can adjust our billing appropriately. You may also inquire about alternative or additional testing.					
PIDS					
LIPID PROFILE					
CHOLESTEROL		270	H	<200	mg/dL SJ
TRIGLYCERIDES		212	H	<150	mg/dL SJ
VLDL CHOLESTEROL		42	H	5-35	mg/dL SJ
REPORT CONTINUED ON NEXT PAGE / LEGEND ON LAST PAGE					
968497 NELSON, MARVIN					

Quest
Diagnostics 967 Mabury Road
San Jose, CA 95133

1 (408) 288-9850
1 (800) 288-8008

**3714 Northgate Blvd.
Sacramento, CA 95834**

1 (916) 927-9900
1 (800) 932-6694

NAME: NELSON, MARVIN
DOB: 46, 12/13/1959
M FASTING
T PHONE #: 888-9232
CHART #: 75128642

Client 59244 210
HAGUE, STEPHEN MD
15750 FOOTHILL BLVD
SAN LEANDRO, CA 94578
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Accession No. K8968497
03/21/06 08:15
Collected: 03/21/06 17:50
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Reported:
Re-reported: FINAL 2
Reprints: 03/22/06 09:00
Report Status: Page 00

	In Range	Out of Range	Reference	Units	PS
LDL CHOLESTEROL (CALC)		186	H	<130 mg/dL	SJ
RISK CATEGORY				LDL-CHOLESTEROL GOAL	
VERY HIGH (E.G., DIABETES + CVD) HIGH (DIABETICS; CHD RISK EQUIVALENTS) MODERATELY HIGH (MULTIPLE (2+) RISK FACTORS)				<70 mg/dL <100 mg/dL <130 mg/dL	
0 TO 1 RISK FACTORS				<160 mg/dL	
*NCEP REPORT - CIRCULATION 2004; 110:227-239.					
HDL CHOLESTEROL	42			>40 mg/dL	SJ
CHOLESTEROL/HDL RATIO		6.4	H	<4.4 ratio	SJ
THERAPEUTIC DRUG VALPROIC ACID	53.0			50.0-100.0 mcg/mL	SJ
ENDOCRINOLOGY TSH, 3RD GENERATION TSH	2.13			0.40-5.50 uIU/L	SJ
PERFORMING SITE ----- SJ - Quest Diagnostics, 967 Mabury Road, San Jose, CA 95133 James E. Fitzwater, M.D., (800) 288-9850					
	LAST PAGE OF REPORT				
68497 NELSON, MARVIN					